ILLINOIS DEPARTMENT OF INSURANCE

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
^	Passenger Commercial		
2.	Automobile Physical Damage		
2			
	Liability Other Than Auto		
	Burglary and Theft Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail	4.050.000	action and
15.	Other Workers Compensation Line of Insurance	1,950,000	300000 4. 6
<u>alth</u> Brie	s filing only apply to certain territory (te bugh the resulting impact is not uniform bugh the resulting impact is not uniform bught the resulting in the referenced in NCCI Approval Circular IIIs	tes of an advisory organization, spec	cify organization): Adopt the NCCI loss
Brie cos:	f description of filing. (If filing follows ras referenced in NCCI Approval Circular II	tes of an advisory organization, spec L-06-11 and adjust loss cost multiplier	cify organization): <u>Adopt the NCCI loss</u> es.
Brie cos:	f description of filing. (If filing follows ras	tes of an advisory organization, spec L-06-11 and adjust loss cost multiplier	cify organization): <u>Adopt the NCCI loss</u> s.
Brie cos:	f description of filing. (If filing follows ras referenced in NCCI Approval Circular II	tes of an advisory organization, spec L-06-11 and adjust loss cost multiplier	cify organization): Adopt the NCCI loss s. es. es.
Brie cos:	f description of filing. (If filing follows ras referenced in NCCI Approval Circular II	tes of an advisory organization, spec L-06-11 and adjust loss cost multiplier	cify organization): Adopt the NCCI loss s. es.
Brie cos:	f description of filing. (If filing follows ras referenced in NCCI Approval Circular II	tes of an advisory organization, spec L-06-11 and adjust loss cost multiplier will result from application of new rat Accident Fur	es. and General Insurance Company Name of Company norley, Compliance Advisor
Brie cos:	f description of filing. (If filing follows ras referenced in NCCI Approval Circular II	tes of an advisory organization, spec L-06-11 and adjust loss cost multiplier will result from application of new rat Accident Fur	es. and General Insurance Company Name of Company norley, Compliance Advisor.
Brie cos:	f description of filing. (If filing follows ras referenced in NCCI Approval Circular II	tes of an advisory organization, spec L-06-11 and adjust loss cost multiplier will result from application of new rat Accident Fur	es. Name of Company
Brie cos:	f description of filing. (If filing follows ras referenced in NCCI Approval Circular II	tes of an advisory organization, spec L-06-11 and adjust loss cost multiplier will result from application of new rat Accident Fur	es. and General Insurance Company Name of Company norley, Compliance Advisor Official - RECEIVED
Brie cos:	f description of filing. (If filing follows ras referenced in NCCI Approval Circular II	tes of an advisory organization, spec L-06-11 and adjust loss cost multiplier will result from application of new rat Accident Fur	es. nd General Insurance Company Name of Company norley, Compliance Advisor Official - RECEIVED MAR - 2 2007
Brie cos:	f description of filing. (If filing follows ras referenced in NCCI Approval Circular II	tes of an advisory organization, spec L-06-11 and adjust loss cost multiplier will result from application of new rat Accident Fur	es. nd General Insurance Company Name of Company norley, Compliance Advisor Official - RECEIVED MAR - 2 2007
Brie cos:	f description of filing. (If filing follows ras referenced in NCCI Approval Circular II	tes of an advisory organization, spect-06-11 and adjust loss cost multiplier will result from application of new rat Accident Fur	es. nd General Insurance Company Name of Company norley, Compliance Advisor Official - PECEIVED MAR - 2 2007
Brie cos:	f description of filing. (If filing follows ras referenced in NCCI Approval Circular II	tes of an advisory organization, spect-06-11 and adjust loss cost multiplier will result from application of new rat Accident Fur	es. es. nd General Insurance Company Name of Company norley, Compliance Advisor Official - PECEIVED MAR - 2 2007 INSURA SPRINGER ANCE
Brie cos:	f description of filing. (If filing follows ras referenced in NCCI Approval Circular II	tes of an advisory organization, spect-06-11 and adjust loss cost multiplier will result from application of new rat Accident Fur	es. es. nd General Insurance Company Name of Company norley, Compliance Advisor Official - PECEIVED MAR - 2 2007 INSURA SPRINGERS FOR INSURANCE
Brie cos:	f description of filing. (If filing follows ras referenced in NCCI Approval Circular II	tes of an advisory organization, specture of the specture of t	es. nd General Insurance Company Name of Company norley, Compliance Advisor Official - RECEIVED MAR - 2 2007 INSURINGE OF INSURANCE SPRINGFIELD
Brie cos:	f description of filing. (If filing follows ras referenced in NCCI Approval Circular II	tes of an advisory organization, spect-06-11 and adjust loss cost multiplier will result from application of new rat Accident Fur	es. nd General Insurance Company Name of Company norley, Compliance Advisor Official - RECEIVED MAR - 2 2007 INSURINGE OF INSURANCE SPRINGFIELD
Brie cos:	f description of filing. (If filing follows ras referenced in NCCI Approval Circular II	tes of an advisory organization, specture of the specture of t	es. nd General Insurance Company Name of Company norley, Compliance Advisor Official - RECEIVED MAR - 2 2007 INSURANCE SPRINGFIELD 1 2007

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	evel produced by rate revision effective MA	y / 2007 408%
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial 3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		<u> </u>
Boiler and Machinery Fire		
9. Fire10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	51,700,000	274007000 4.6
costs referenced in NCCI Approval Circul	s rates of an advisory organization, specify lar IL-06-11 and adjust loss cost multipliers.	organization): <u>Adopt the NCCI loss</u>
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rates.	
		surance Company of America lame of Company
		and or company
	Jane Chor	ey, Compliance Advisor
		Official Title
		RECEIVED
		MAR - 1 2007
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPH 2007	
	SIVISION OF NOISIDEPH	IDFPR (MPC) DIVISION OF INSURANCE
	DISTATE	SPRINGFIELD
	7,007	
	MAY O LEG	
	l SIOMI	
	SPRINGFIELD, ILLINOIS	

ILLINOIS DEPARTMENT OF INSURANCE

Ch	ange in Company's premium or rate le	vel produced by rate revision e	effective MA-/ 1, 3007 4,6%
	(1)	(2) Annual Premium	DIVISION OF INSURANTEECEN: STATE OF ILLINOIS/IDEPROC (+ or -)** MAY
	Coverage	Volume (Illinois)*	Tange (+ or -)**
1.	Automobile Liability Private Passenger Commercial	ı	MAY 0 1 2007
2.			SPRINGFIELD, ILLINOIS
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
	Fidelity		
	Surety	<u></u>	
	Boiler and Machinery _ Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail	· · ·	
	Other Workers Compensation Line of Insurance	570,000	-20-00 4.4
Brie	ef description of filing. (If filing follows	rates of an advisory organiz	ation, specify organization): Adopt the NCCI loss ipliers.
	ljusted to reflect all prior rate changes. hange in Company's premium level wh		of new rates. ccident Fund National Insurance Company Name of Company
			Jane Chorley, Compliance Advisor
			MAR = 2 2007 IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

1.

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4.

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9. 10.

11.

12.

13.

14.

15.

Other

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 3/1/07 (3) (1) (2) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto **Burglary and Theft** Glass Fidelity Surety Boiler and Machinery **Extended Coverage** Inland Marine Homeowners Commercial Multi-Peril Crop Hail

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Filing revised rates, minimum premiums and miscellaneous values

\$14,016,838

* Adjusted to reflect all prior rate changes.

Workers'
Compensation
Line of Insurance

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MAR 0 1 2Rftphkenmuth Mutual Insurance Comp

0.69%

Name of Company

SPRINGFIELD, ILLINOISuzel

R&D Analyst II

Official - Title

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

SUMMARY SHEET

Form (RF-3)

Change in Company's premium or rate level produced by rate revision effective 07/01/2007 . (2)

Annual Premium

(1)	(2)	(3)
Constant	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
<u>Coverage</u>	volume (IIIIIOIs) ~	Change (+ O1 -)
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	577,086	2.2%
Line of Insurance		
Does filing only apply to certain If so, specify:	territory (territories)	or certain classes?
Brief description of filing. (If organization, specify organization	n): With this filing w	
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	vel which will	JUL V 1 2007
result from application of new	luces.	SPRINGFIELD, ILLINOIS
	Graphic Arts Mutual In	surance Company
	Name of Com	
	Name of Com	·harri
 	George T. Dodd, Vice Pres	
	Official - 1	ritie
H29219D		

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate rev	vision effective	May 1, 2007
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
Automobile Liability Private Passenger	volume (Illinois)	Change (+ or –)
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		<u> </u>
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR		
14. Crop naii	829,957 +2.0%	
15. Workers Compensation 16. Other		TZ.U /o
Line of Insurance MAY 0 1 2007 Does filing only apply to certain territory (territories) or certain class	ses? If so, specify	<u>No</u>
Brief description of filing (if filing follows rates of an advisory organdt this time, the Manufacturers Alliance Insurthe loss costs approved in NCCI's filing #ILLCM.	ırance Company	(NAIC #36897) files to adop
 Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from app 		facturers Alliance Insurance pany
		Name of Company
	Linda	R. Greer- WC Product Analyst

Official — Title

Form	(RF-3)		INSURANCE LINOIS/IDEPR E D 1 2007	SUMMARY SHEE	ET
	Change in Company's	premium or rate l	evel produced by	rae revision effective	April 1. 2007
	(1)			2) Premium	(3) Percent
	<u>Coverage</u>			(Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liabili Private Passenger Commercial				
2.	Automobile Physic Private Passenger Commercial				
3.	Liability Other Tha	ın Auto			
4.	Burglary and Theft				
5.	Glass	•			
6.	Fidelity	•			
7.	Surety	•		1 2 12 12 1	
8.	Boiler and Machine	ery			
9.	Fire	·			
10.	Extended Coverage	,			
11.	Inland Marine				
12.	Homeowners				
13.	Commercial Multi-	Peril			
14.	Crop Hail				
15.	Other Workers	s' Comp	1,336,185		1.8%
	Line of I	nsurance			
Does	filing only apply to ce	rtain territory (terri	tories) or certain	classes? If so, specify:	
Add	•	luntary Market	Advisory Los	y organization, specify of the South State of South	•

Mitsui Sumitomo Insurance Company of America Name of Company

Scott M. Herbert, Senior Government Affairs Analyst
Official - Title

 ^{*} Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

Form (RF-3)

SUMMARY SHEET

1	Change in Company's premium or rat	e level produced by rate revision effective	April 1. 2007
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	2015006	4.00/
15.	Other Workers' Comp	2,915,086	-4.3%
	Line of Insurance		
Does f	iling only apply to certain territory (te	erritories) or certain classes? If so, specify:	
		rates of an advisory organization, specify of	
		et Advisory Loss Costs and Rating V	Values along with
revis	sion of Company Loss Cost Mu	ltiplier, effective April 1, 2007.	-
		DIVISION OF	
	djusted to reflect all prior rate change	DIVISION OF INSURANCE STATE OF ILLINOISIDEED	
	nange in Company's premium level w	hich will	
re	sult from application of new rates.	ADD	
		APR 0 1 2007	
		- 1	
		SPRINGER IN Mit	i Sumitomo Insurance
		SPRINGFIELD. ILLINOIS Mitsu	Inc
		A Commence of the Commence of	Inc.
			Name of Company

Scott M. Herbert, Senior Government Affairs Analyst Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or ra	te level produced by rate revision effe	ctive	<u>May 1, 2007.</u>
(1) Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR MAY 0 1 2007 SPRINGFIELD, ILLINOIS	(2) al Premium ne (Illinois)*	(3) Percent Change (+ or –)**
Brief description of filing (if filing follo	ory (territories) or certain classes? If so ws rates of an advisory organization, s ylvania Manufacturers' As e loss costs approved in No	specify organizati	nsurance Company
* Adjusted to reflect all prior rate ** Change in Company's premiun	changes. n level which will result from application of i	new rates.	
			vania Manufacturers' tion Insurance Company
		lindo P	Name of Company
		Official —	Greer- WC Product Analyst
		Oniciai —	Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effect			e <u>May 1, 2007</u>		
(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**		
Automobile Liability Private Passenger					
Commercial					
2. Automobile Physical Dam	nage				
Private Passenger					
Commercial					
Liability Other than Auto Burglary and Theft					
5. Glass					
6. Fidelity					
7. Surety	DIVISION OF INSURANCE				
8. Boiler and Machinery	STATE OF ILLÎNOIS/IDEPR				
9. Fire		-	· · · · · · · · · · · · · · · · · · ·		
10. Extended Coverage	MAY 0 1 2007				
11. Inland Marine	MAT 0 1 2007				
12. Homeowners					
13. Commercial Multi-Peril	SPRINGFIELD, ILLINOIS		· · · · · · · · · · · · · · · · · · ·		
14. Crop Hail					
15. Workers Compensation		51,262	+2.0%		
16. Other	<u>. </u>				
Line of Insurance	е				
Brief description of filing (if filing At this time, the Per	s approved in NCCI's fili	nization, specify organiz	No ation) npany (NAIC #41424) files or use against our approv		
	ior rate changes. bremium level which will result from app		ylvania Manufacturers Indemn any	ity	
			Name of Company		
		Linda F	R. Greer- WC Product Analyst		
		Official	Titlo	-	

Form (RF-3)

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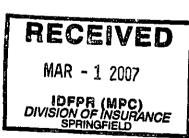
IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Change in Company's premiu	m or rate level n	roduced by rate	SPRINGFIELD
revision effective 07/01/2		roduced by rabe	
(1)	(2)	((3)
(1)	Annual Premiu	· · · · · · · · · · · · · · · · · · ·	cent
Coverage	Volume (Illinoi		(+ or -) **
1. Automobile Liability			
Private Passenger			
Commercial			
2. Automobile Physical Damage			
Private Passenger			
Commercial			-
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass	· · · · · · · · · · · · · · · · · · ·		
	 		
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers Compensation Line of Insurance	5.	0,068	-4.5%
Does filing only apply to certain If so, specify:	territory (territ	ories)or certain cla	asses?
Brief description of filing. (If organization	n): With this fil		ircular IL-
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	vel which will	JUL V 1 2007 SPRINGHILLD, ILLING	1
	Penuhlia-Prankl	in Insurance Company	7
		of Company	
	Maille (or company	
		ce President and Actua	ry
	Offici	al - Title	

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate level	produced by rate revision effective	MAY 1, 2007 580%
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity	, , , <u>.</u>	
7. Surety		
8. Boiler and Machinery		***************************************
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	40,200,000	240:000 e.C
Line of Insurance	.0,200,000	
Does filing only apply to certain territory (to although the resulting impact is not uniform		pecify: This filing applies to all classes,
Brief description of filing. (If filing follows racosts referenced in NCCI approval circular I		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	h will result from application of new rat	es.
	1 1 - 11 1 14.11	annain Ingurance Court
	United Wi	sconsin Insurance Company Name of Company
		Name of Company
	Jane Ch	orley, Compliance Advisor
		Official – Title



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MAR 1 9 2007

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective $\underline{07/01/2007}$.

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage 11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	3,742,745	-0.8%
Line of Insurance	37,127,13	
Does filing only apply to certain If so, specify:	territory (territories)or	certain classes?
Brief description of filing. (If	filing follows rates of a	n advisorv
organization, specify organization		
		h in NCCI Circular IL-
	2006-11.	
* Adjusted to reflect all prior	rate changes.	
** Change in Company's premium lev	rel which will	VISION OF ILLUM TOE
result from application of new	rates.	TALE OF ILLINO WOFFE
	1	
	1	JUI 0 1 2002
	Utica Mutual Insurance	
	Name of Compan	<u> </u>
	SPF	RINGFIELD, ILLIMOIS
		1710
	George T. Dodd, Vice Preside	nt and Actuary
	Official - Tit	

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